

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11337</u>		2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>	
3. Name and address of person filing. Name <u>JOHN</u> <u>L</u> <u>GIUCHICI</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>3333 DENALI ST., STE. 200</u> City <u>ANCHORAGE</u> State <u>Alaska</u> ZIP Code + 4 <u>99503</u>		4. Name, file number, and address of labor organization. Name <u>IBEW LOCAL UNION 1547</u> Labor Organization File Number <u>019-504</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>3333 DENALI ST., STE. 200</u> City <u>ANCHORAGE</u> State <u>Alaska</u> ZIP Code + 4 <u>99503</u>	
5. Position in labor organization. <u>ASSISTANT BUSINESS MANAGER</u>			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>John L. Giuchici</u>	On <u>8/15/05</u> <u>967-777-7231</u> Date Telephone Number

Name of Person Filing <b>JOHN GIUCHICI</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>ALASKA ELECTRICAL TRUST FUNDS</b></p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street <b>2600 DENALI ST., STE. 200</b></p> <p>City <b>ANCHORAGE</b></p> <p>State <b>Alaska</b> ZIP Code + 4 <b>99503</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>IBEW LOCAL UNION 1547</b></p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street <b>3333 DENALI ST., STE. 200</b></p> <p>City <b>ANCHORAGE</b></p> <p>State <b>Alaska</b> ZIP Code + 4 <b>99503</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>ADMINISTERS BENEFIT TRUST FUNDS FOR MEMBERS OF THE INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION 1547</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$0</b></p> <p>12.a. Nature of interest held or income received.</p> <p><b>EXPENSE REIMBURSEMENTS FOR VARIOUS PENSION TRUSTEE MEETINGS AND RELATED CONFERENCES HELD IN 2004</b></p> <p>12.b. Amount. <b>\$5,443</b></p>

<p><b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street </p> <p>City </p> <p>State <b>Other</b> ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name MERCER CONSULTING

Trade Name, if any:

P.O. Box, Bldg., Room No., if any ONE UNION SQUARE

Street 600 UNIVERSITY ST., STE. 3200

City SEATTLE

State Washington

ZIP Code + 4 98101-3137

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ALASKA ELETRICAL TRUST FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2600 DENALI ST., STE. 200

City ANCHORAGE

State Alaska

ZIP Code + 4 99503

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

CONSULTANT

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

TRUSTEE DINNER HELD FEBRUARY 25, 2004

## 12.b. Amount.

In excess of \$25

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name UNION BANK OF CALIFORNIA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 655 NORTH CENTRAL AVE., STE. 2300

City GLENDALE

State California

ZIP Code + 4 91203

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ALASKA ELECTRICAL TRUST FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2600 DENALI ST., STE. 200

City ANCHORAGE

State Alaska

ZIP Code + 4 99503

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

MONEY PURCHASE PENSION PLAN RECORDKEEPER

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

TRUSTEE DINNER HELD FEBRUARY 26, 2004

## 12.b. Amount.

IN EXCESS OF \$25

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name WESTERN ASSET MANAGEMENT COMPANY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 385 E COLORADO BLVD.

City PASADENA

State California ZIP Code + 4 91101

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ALASKA ELECTRICAL TRUST FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2600 DENALI ST., STE. 200

City ANCHORAGE

State Alaska ZIP Code + 4 99503

## 11.a. Nature of such dealing.

PENSION PLAN ADMINISTRATOR

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

TRUSTEE DINNER HELD JUNE 23, 2004

## 12.b. Amount.

In Excess of \$25

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name PIMCO

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 840 NEWPORT CENTER DR., STE. 100

City NEWPORT BEACH

State California

ZIP Code + 4 92660

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ALASKA ELECTRICAL TRUST FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2600 DENALI ST., STE. 200

City ANCHORAGE

State Alaska

ZIP Code + 4 99503

## 11.a. Nature of such dealing.

PENSION PLAN INVESTMENT MANAGER

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

TRUSTEE DINNER HELD JUNE 24, 2004

## 12.b. Amount.

In excess of \$25

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name WADDELL &amp; REED ASSET MANAGEMENT GROUP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6300 LAMAR

City OVERLAND PARK

State Kansas ZIP Code + 4 66202

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ALASKA ELECTRICAL TRUST FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2600 DENALI ST., STE. 200

City ANCHORAGE

State Alaska ZIP Code + 4 99503

## 11.a. Nature of such dealing.

PENSION PLAN INVESTMENT MANAGER

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

TRUSTEE DINNER HELD NOVEMBER 17, 2004

## 12.b. Amount.

IN CASH \$25

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name ALLIANCE BERNSTEIN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1345 AVENUE OF THE AMERICAS

City NEW YORK

State New York

ZIP Code + 4 10105-0096

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ALASKA ELECTRICAL TRUST FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2600 DENALI ST., STE. 200

City ANCHORAGE

State Alaska

ZIP Code + 4 99503

## 11.a. Nature of such dealing.

PENSION PLAN INVESTMENT MANAGER

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

TRUSTEE DINNER HELD NOVEMBER 18, 2004

## 12.b. Amount.

\$229